

EXHIBIT “3”

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION
Two Center Plaza, Boston, Massachusetts 02108-1904
(617)723-3800,(800)392-6108,FAX (617)557-5678

12/04/2003

POLICY NUMBER EXPIRATION DATE

0662672 - 4 01/08/2004

NAMED INSURED & MAILING ADDRESS PRODUCER

JOAN CHARLES A/K/A JOAN F. GREAVES
14 DITSON STREET
DORCHESTER MA 02122 ONE CALL INS AGCY., INC.
121 B TREMONT ST
BRIGHTON MA 02135

The policy will expire at 12:01 A.M., standard time, on the expiration date shown and will not automatically be renewed. To renew your insurance, return the tear-off portion of the Renewal Offer/Premium Invoice with either the Premium Due or Minimum Due.

THE RESIDENCE PREMISES COVERED BY THE POLICY IS LOCATED AT:

14 DITSON STREET , DORCHESTER, MA 02122

This offer applies to the Residence Premises. Coverage is provided where a Premium or Limit of Liability is shown for the Coverage.

SECTION I COVERAGES:

		LIMIT OF LIABILITY	PREMIUM
A	Dwelling	\$351,000	\$2,196
B	Other Structures	\$17,550	
C	Personal Property	\$105,300	
D	Loss of Use	\$105,300	

SECTION II COVERAGES:

E	Personal Liability	\$300,000	\$61
F	Medical Payments to Others	\$1,000	
TOTAL BASE PREMIUM			\$2,257

DEDUCTIBLE SECTION I: \$1,000 EXCEPT \$2,000 FOR WINDSTORM OR HAIL.

IN CASE OF SECTION I LOSS, WE COVER ONLY THAT PART OF THE LOSS OVER THE DEDUCTIBLE STATED.

FORM & ENDORSEMENTS made part of this offer at the time of issue.

DED ADJ	10/00	DEDUCTIBLE ADJUSTMENT	-\$258
HO 00 03	10/00	SPECIAL FORM	
HO 01 20	09/01	SPECIAL PROVISIONS - MASSACHUSETTS	
HO 04 16	10/00	PREMISES ALARM OR FIRE PROTECTION SYSTEM	-\$44
HO 04 27	04/02	LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE	
HO 04 96	10/00	NO SECTION II-LIABILITY FOR HOME DAY CARE COVERAGES	
HO 23 71	09/01	MASSACHUSETTS TENANTS RELOCATION EXPENSE	\$8
HO 24 41	09/01	LEAD POISONING EXCLUSION - MASSACHUSETTS	-\$57
HO FP	12/01	SPECIAL ENDDORSEMENT	
TOTAL PREMIUM ADJUSTMENT			-\$351
TOTAL ANNUAL PREMIUM			\$1,906
25% DOWNPAYMENT (IF APPLICABLE)			\$476.50

MORTGAGEE MORTGAGEE
OCWEN FEDERAL BANK FSB CONSECO FINANCE MTG CORP
ISAOA ATIMA ISAOA ATIMA
88 WILLIS ST P O BOX 6075
NEW BEDFORD MA 02740 RAPID CITY SD 57709-6075

RATING INFORMATION: FAMILY 0003 Frame TERRITORY 02 PROTECTION 02

TO INSURED: THE RENEWAL OFFER/PREMIUM INVOICE HAS BEEN SENT TO YOUR PRODUCER
IF IT IS NOT ENCLOSED WITH THIS NOTIFICATION.

Date: 12-04-2003

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INSURED COPY

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION

(617) 723-3800

(800) 392-6108

Insured's Name and Mailing Address

JOAN CHARLES A/K/A JOAN F. GREAVES
14 DITSON STREET
DORCHESTER, MA 02122

Producer

ONE CALL INS AGCY., INC.
121 B TREMONT ST
BRIGHTON MA 02135

Expiration Date 01/08/2004

Policy Number **0662672 - 4**

The Association offers to renew this policy. To accept this renewal offer please return the tear-off portion of this invoice and payment to the Association. To avoid a lapse in coverage this invoice and payment must be received by the Association on or before the Expiration date/Due date. If payment is received within sixty days of the Expiration date/Due date the policy will be renewed as of the date of the Associations receipt of the payment. Payments received by the Association more than sixty days after the Expiration date/Due date will be rejected and the policy will not be renewed.

Any changes to the Renewal Policy may only be made by submitting an Endorsement Request to the Association after you have paid this invoice. To make the changes effective as of the inception date of the Renewal Policy, the Endorsement Request must be received by the Association on or before the inception date of the Renewal Policy.

Please Remember

- * Read the Inspection and Credit reporting notices on the reverse side.
- * Make your check payable to MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION
- * Write your policy number on your check.
- * Mail the original tear-off portion of this Offer/Invoice and your check in the enclosed envelope.
- * Mail only one original Offer/Invoice and one check per envelope. Copies of the Offer/Invoice cannot be processed by the lockbox.
- * Do not send any other correspondence with this Offer/Invoice and your check.
- * Do not send cash.
- * Mail this Invoice and your check to the address below.

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PLEASE WRITE YOUR POLICY NUMBER ON YOUR CHECK AND RETURN THIS
 INVOICE WITH YOUR PAYMENT IN THE ENVELOPE PROVIDED.

INVOICEInsured's Name: **JOAN CHARLES A/K/A JOAN F. GREAVES**Policy Number: **0662672 - 4**

Date Billed	Premium Due	Minimum Due	Due Date	Amount Enclosed
12/04/ 2003	\$1,906.00	\$476.50	01/08/ 2004	

Please make sure your check is made payable and sent to:

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION
 PO BOX 9693
 MANCHESTER, NH 03108-9693

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